,	,	·-		uplication or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL EN	<b>π</b> ηγ	OR	OTHER SMALL	
TOTAL CLAIMS			43	2			F	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			43 minus 20=		. 23		7	X\$ 9=		OR	X\$18=	414.50
INDEPENDENT CLAIMS			4 min	us 3 =	• /			X40=		OR	X80=	80.00
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				1.	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						T-	OTAL		OR	TOTAL	1204.50	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								Mall (	ENTITY	OR	OTHER SMALL	
NT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVI			PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.50.	Minus	•• ,	43	= 7	,	<b>(\$ 9=</b>	63	OR	X\$18=	
ME	independent	. 10	Minus	***	4	= 6	>	(46≧	258	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		ОЯ	+270=	
	,							TOTAL OIT. FEE	32/	OR	TOTAL	a
B 10/18/14(Column 1) (Column 2) (Column 3)									\$150 X	3011	ADDIT. FEE	
AMENDMENT B	101787	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	.50	Minus	•• _	50	- Ø		<b>(\$ 9=</b>		OR	X\$18=	
AMEN	Independent	6	Minus	/	0	- Ø	7	(40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>,</b> [·	135=		OR	+270=	
5/16/05								TOTAL OIT. FEE		OR	ADDIT. FEE	
	1 !	(Column 1)			ımn 2)	(Column 3)	·			_		
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON THE	Total	· 50	Minus	••	50	- Ø	] [,	(\$ 9=		OR	X\$18=	
NE NE	Independent	. 10	Minus	***	10	= 0	11,	(40=		OR	X80=	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┝	135=		OR	+270=	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL	
•	M teacher was the	imber Previously I umber Previously I mber Previously P	Paid For IN THI	S SPACE	is less th	an 3. enter "3."		OIT. FEE in the ac	orondate bo	3	AUUII. FEE	

FORM PTO-675 (Rev. 8/00)